

FORM 1. REGISTRATION DOCUMENTATION

Mandatory requirements:

- (a) Copy of certificate of Registration /Incorporation of Business Name.
- (b) Copy of PIN Certificate of firm/company /individual from Kenya Revenue Authority
- (c) Copy of valid Tax Compliance from Kenya revenue authority e.g Electronic Tax Register (ETR) certificate where applicable
- (d) Must submit certified bank statements for the most recent 12 months
- (e) Certified audited for the last one (1) year
- (f) Attach letter of recommendation from the firm's banker
 - (g) Copy of valid Trade licence /current business from relevant authorities e.g county government
- (h) Copy of registration certificates as a contractor by ministry of roads and public works or other relevant authorities for all civil works /work contractors (where applicable)
- (i) Copy of practising certificate for all professionals e.g certificate of affiliated bodies/associations (pharmacist licence, legal medical) where applicable
- (j) Copy of memorandum of association or CR 12
- (k) Transport hire firms must attach evidence of having taken all insurance covers
- (l) Where mandatory for service provision, each firm must attach evidence of registration with professional bodies /Authorities e.g IATA, Municipal /City council certificates of health for food staffs handling
- (m) Copy of quality assurance certificates if any e.g ISO 9000/9001 (Where applicable)
- (n) Letters of recommendation from three (3) major clients
- (o) Certificate of membership /Affiliations /Associations (where applicable)
- (p) The original bank deposit slip must be attached to the prequalification documents while submitting the prequalification bid.

Form 2. REGISTRATION OF SUPPLIERS APPLICATION FORM

I/We
hereby apply for registration as supplier (s)

(Name of the company)

Of
.....
.....

(Category description)

.....
.....

(Reference No)

.....

Post office address.....

Town

Street

Name of the building

Telephone Nos

Email address

Full name of the applicant

Other branches location

Management personnel

Chief executive.....

Secretary.....

General Manager Other

Partnership (if applicable)

Name of the partners

3. Business founded or incorporated

4. Under current management Since

5.Net worth equivalent Kshs.....

6. Bank reference and address

7. Bonding company reference address.....

8. Enclose copy of organization chart of the firm indicating the main fields of activities

.....

9. Have you previously been supplying goods /works /services to Maua Methodist Hospital

If yes, give details and indicate three Maua Methodist hospital last purchase order number and date issued

.....

.....

.....

Do you have any pending orders with Maua Methodist Hospital ? If yes give details

.....

.....

Have you ever failed to honour any Maua Methodist Hospital Purchase order or committed an offence under procurement & disposal act

If yes give order details

.....

.....

Have you ever been debarred from participating in procurement by any public or private company?

Supervisory personnel

Name

Academic Qualification

Under graduate

Post graduate

Diploma

High school.....

Professional Qualification

(Attach certificates if any)

Length of service with contractor or supplier position held

(Attach copies of certificates of at least 2 key personnel in the organization)

Technical Personnel

A,.....

B,.....

C.....

D).....

Authorized signature

Name of the signatory

Title of the signatory

MMH TENDER 2023

FORM 3: CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in part 1 and either part 2 (a),2(b) or 2 (c) Whichever applied to your type of business

You are advised that it is a serious offence to give false information on this form

If a Kenyan citizen ,indicate under citizenship details “ whether by birth ,Naturalization or Registration

Part 1 General:

Business Name

.....
.....

Location of business premises

.....

Plot No

.....
.....

Street/Road

.....
.....

Postal Address

.....
.....

Email

.....
.....

Nature of the business

.....

Registration certificate No

.....

When Business was founded o incorporated

.....

Current Trade LicenceExpiry Date

.....

Maximum Value of business which you can handle at one time Ksh

.....

Name of your bankers

.....Branch.....

Account NumberSwift code

.....

Part 2 (a)-Sole proprietor

Your name in full

.....
.....

NationalityCountry of origin.....

Citizenship details

.....
.....

Part 2(b) –partnership

Give details of partners as follows

Name

- 1.....
.....
- 2.....
.....
- 3.....
.....
- 4.....
.....
- 5.....
.....

Part 2 (c)-Registered company:

Public or private

State the nominal issued capital of the company

Nominal Ksh

.....
.....

Issued Ksh

.....
.....

Give details of all directors as follows

Name Shares	Nationality	Citizenship Details
1.....		
2.....		
3.....		
4.....		
5.....		

Date

Signature of Tenderer.....

Organization and Business Information

Managing Director.....

Company Secretary General Manager.....

Others.....

NAMES OF THE APPLICANTS CLIENTS IN THE LAST TWO YEARS

NAMES OF OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS

1. Name of 1st client (organization)
 - i) Name of client organization
 - ii) Address of client organization
 - iii) Name of contact person at the client (organization).....
 - iv) Telephone No .Of client
 - v) Value of the contract
 - vi) Duration of the contractdate.....

(Attach documental evidence of existence of contract)

- Name of 2nd client (organization)
- i) Name of client organization
 - ii) Address of client organization
 - iii) Name of contact person at the client (organization).....
 - iv) Telephone No .Of client
 - v) Value of the contract
 - vi) Duration of the contractdate.....
- (Attach documental evidence of existence of contract)

2. Name of 3rd client (organization)
 - i) Name of client organization
 - ii) Address of client organization
 - iii) Name of contact person at the client (organization).....
 - iv) Telephone No .Of client

- v) Value of the contract
- vi) Duration of the contractdate.....

- vii) Name of 4th client (organization)
 - i) Name of client organization
 - ii) Address of client organization
 - iii) Name of contact person at the client (organization).....
 - iv) Telephone No. Of client
 - v) Value of the contract
 - vi) Duration of the contractdate.....

6. What measures are undertaken by your company to ensure that goods, works or services provided are of world quality standards? (Attach evidence)

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Form 4. DECLARATION STATEMENT

Having studied the prequalification information for the above project, I/We hereby state:

- 1. That information furnished in our application is accurate to the best of our knowledge.
- 2. That in case of being prequalified we acknowledge that this grants us the right to participate in due time in the submission of tenders or quotations on basis of the provision in the tender or quotation documents.
- iii) That when the call for tenders /quotations is issued and the legal technical or financial conditions or the contractual capacity of the changes, I/We shall inform you and acknowledge your right to review the prequalification made.

Applicants (Bidder firm)

Name.....

Name of signatory
.....

(Full name and destination of person signing, official stamp or seal)

Signature
.....
.....

Date.....

